

## CERTIFICATION OF WORK

(To be completed by the Contractor and saved in the Contractor's CMMS)

FACID/Building: VAO99 Date of Visit: 2-25-19

Contractor Personnel on Site:

1. Benny Heater 2. \_\_\_\_\_

### Work Performed:

**Preventive Maintenance** - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

1. WO# 7203, 7204, 7041

### Service Calls – Service Call Number and Description

1. CSS# Test backflow valves # 1430, 1431, 1442
2. CSS# \_\_\_\_\_
3. CSS# \_\_\_\_\_

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## CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Benny Heater Date: 2-25-19

Signed: Benny Heater

To be signed by Facility Manager:

I certify that the above named individuals representing the Contractor arrived on site and to the best of my knowledge, completed the stated work listed:

Print Name/Rank: Donald Huson AOS Date: 25 Feb 19

Signed: Donald Huson

E-Mail: \_\_\_\_\_